

**RESPONSE UNDER 37 CFR § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP: 2833**

32692

Customer Number

Patent
Case No.: 59648US005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: METRAL, GUY
Application No.: 10/598925 Confirmation No.: 2132
Filed: February 28, 2005
Title: TELECOMMUNICATIONS MODULE WITH IMPROVED SHIELDING
CHARACTERISTICS

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.116

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

☒ transmitted to United States Patent and Trademark Office on the date shown below
via the Office electronic filing system.

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

12/22/08
Date

/Vallarie Richards/
Signed by: Vallarie Richards

Dear Sir:

This is in response to the outstanding Final Office Action, dated November 5, 2008, in
the above-identified application.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.
please enter
rng 1/8/09

Fees

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Claims As Amended							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For		(5) Percent Extra	(6) Rate	(7) Additional Fee
Total Claims	16	Minus	**	20	0	x \$50.00	\$0.00
Independent Claims	2	Minus	***	3	0	x \$210.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$370.00	
Total Additional Fee For This Amendment							\$0.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space. *** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							